

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

16367 U.S. PTO
07/31/03

17302 U.S. PTO
10/633368
07/31/03

Date: July 31, 2003
File No. A-71673/ESW

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

"EXPRESS MAIL" MAILING LABEL

NUMBER EV 182094509 US

DATE OF DEPOSIT July 31, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: MAIL STOP PATENT APPLICATION, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.

TYPED NAME Raquel Graeber

SIGNED

Raquel B. Graeber

Sir:

Transmitted herewith for filing is the patent application of Inventor(s):

Michael R. Layton, Clayton, CA; Mark A. Collins, Antioch, CA;
John C. Holloway, Pleasanton, CA; and Patrick J. Phipps, Antioch, CA

For: **SHOCK-RESISTANT ENCLOSURE**

_____ Applicant claims small entity status. See 37 CFR 1.27.

Enclosed are also:

_____ Prior Art Statement

X 3 Sheets of drawing(s)

_____ An Assignment of the invention to:

_____ Power of Attorney by Assignee & Exclusion of Inventor Under 37 CFR 1.32
_____ Combined Declaration and Power of Attorney for Patent Application
_____ Declaration for Patent Application
_____ Associate Power of Attorney
_____ Request and Certification under 35 U.S.C. 122(b)(2)(B)(i)

	(Col. 1) NO. FILED	(Col. 2) NO. EXTRA	SMALL ENTITY RATE	FEE	OR	OTHER THAN A SMALL ENTITY RATE	FEE
FOR:							
BASIC FEE				\$ 375	OR		\$ 750
TOTAL CLAIMS	<u>28</u> -20 =	* <u>8</u>	x 9 =	\$ _____	OR	x18 =	\$ <u>144</u>
INDEP CLAIMS	<u>5</u> -3 =	* <u>2</u>	x42 =	\$ _____	OR	x84 =	\$ <u>168</u>
[] MULTIPLE DEPENDENT CLAIM PRESENTED			+140 =	\$ _____	OR	+280 =	\$ _____
*If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$ _____	OR	TOTAL	\$ <u>1062</u>

_____ Our Check No. _____ in the amount of \$ _____ to cover the filing fee is enclosed.

_____ The Commissioner is hereby authorized to charge the filing fee and any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 50-2319 (Order No. /ESW).

Respectfully submitted,



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Form 1.14